

made for each, and the number of each.

USE a SEPARATE MINUTEN INU. in order of birth stated.

PLACE OF BIRTH

1. County of Cochise

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 62

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or
City of Douglas

No. 1446-204 St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lea Theadora Burnett Jr. If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth Apr 17 1926 Month day year

3. FATHER
Full name Lea Thos. Burnett

14. MOTHER
Full maiden name Grace Reboel

9. Residence (Usual place of abode) Douglas
If nonresident, give place and state

15. Residence (Usual place of abode) Douglas
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 37 (Years)

16. Color or race White 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Italy
(State or country) Italy

18. Birthplace (city or place) Jacksonville
(State or country) Ill.

13. Occupation Rep. Plaster Chip Factory
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother { (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Cornelia at Douglas on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature P. R. Coe (Physician or midwife)
Address Douglas, Ariz.

Given name added from supplemental report _____
Month, day, year. _____
Filed 4-30-26 Local Registrar.

Registrar.

Filed _____ 19 _____

County Registrar.

323-417-754